

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE

V.S. _____

FOR _____
AT _____

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

<input type="checkbox"/> 1	Defendant-Adult
<input type="checkbox"/> 2	Defendant - Juvenile
<input type="checkbox"/> 3	Appellant
<input type="checkbox"/> 4	Probation Violator
<input type="checkbox"/> 5	Parole Violator
<input type="checkbox"/> 6	Habeas Petitioner
<input type="checkbox"/> 7	2255 Petitioner
<input type="checkbox"/> 8	Material Witness
<input type="checkbox"/> 9	Other _____

CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

DOCKET NUMBERS
Magistrate
District Court
Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed					
	Name and address of employer: _____					
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____				
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____				
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	RECEIVED	SOURCES				
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____	_____				
ASSETS	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____				
	PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	IF YES, GIVE THE VALUE AND DESCRIBE IT \$ _____ \$ _____ \$ _____	VALUE				
		DESCRIPTION				

DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____			
	OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: _____	Creditors _____	Total Debt \$ _____	Monthly Paymnt. \$ _____
		{	{	{	_____	\$ _____
_____					\$ _____	\$ _____
_____					\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct.

Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

